

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10630836</u>	FILING DATE <u>13</u>					
							APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2	1						52						
3							53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20	1						70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
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28		1					78						
29		1					79						
30		1					80						
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32							82						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						